

State of New Jersey
Department of Community Affairs
Bureau of Code Services
P.O Box 816
Trenton, New Jersey 08625

APPLICATION FOR PERMIT REGISTRATION OF AMUSEMENT RIDE

January 1, 20____ To December 31, 20____

Permit application will not be processed without type certification or individual approval number
Phone (609) 292-2097

Company Name _____	Date _____
Trading As _____	Phone _____
Office Address _____	Cell _____
_____	Fax _____
NJ Service Address _____	

Owner Name _____	
<small>Print</small>	
Authorized Signature _____	Title _____

Location of rides if at permanent site:

(If traveling carnival or rental-company, attach itinerary)

Request is made that a permit registration be issued to the owner identified above as required by N.J.S.A. 5:3-41. The following information must be submitted along with this application:

- ☐ Fee as per the following schedule (Make check payable to: Treasurer, State of NJ):

Each Inflatable Ride	\$ 252
Each Kiddie Ride	\$ 252
Each Major Ride	\$ 504
Each Super Ride	\$ 756

- ☐ Required proof of insurance for a minimum of \$1,000,000 general liability as per N.J.A.C. 5:14A-2.9

- ☐ Type Certification or Individual Approval number

- ☐ Notification by manufacturer of ride serial number to be added to their Type Certification

- ☐ Fabrication of Ride Certification or Weld Integrity Certification for used rides
(Not needed for inflatable Rides or Soft Play Units)

- ☐ Testing Certification as per ASTM F 846
(Not needed for inflatable Rides or Soft Play Units)

- ☐ Manufacturer Operator Training Certification

- ☐ NDT (Non-Destructive Testing) as required

- ☐ Manual for each ride (Operations, Maintenance and Set-Up Manuals)
(Unless provided for Individual Approval Application by same applicant)

- ☐ Fixed site requirements as per N.J.A.C. 5:14A-2.13

LIST OF RIDES TO PERMIT:

Ride Name and Year Fabricated	NJ Serial #	Manufacturer Name	Ride Serial Number	Type Certification Or Individual Approval #

OFFICE USE ONLY

I.D. Number _____

DATE INSURANCE EXPIRES _____

Total Permit Fee: _____

Check Number: _____

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Record No. _____

Date Entered _____